

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OTC 6/10/12

PRINTED: 04/26/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>acceptable</i> | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445047 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/26/2012 |
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| NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTH AND REHABILITATION | STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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F 000 INITIAL COMMENTS

Complaint investigation #29642 and #29669 were completed on April 26, 2012, at Imperial Gardens Health and Rehabilitation. No deficiencies were cited related to Complaint #29669 under 42 CFR PART 482, Requirements for Long Term Care. Deficiencies were cited related to Complaint #29642.

F 309 483.25 PROVIDE CARE/SERVICES FOR
SS=D HIGHEST WELL BEING

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to ensure three outside appointments were not missed for one resident (#3) of five residents reviewed.

The findings included:

Resident #3 was admitted to the facility on April 5, 2012, with diagnoses including Peripheral Vascular Disease (PVD), Congestive Heart Failure (CHF), and Hypertension.

Medical record review of a 30-Day Scheduled Minimum Data Set (MDS) Assessment dated March 2, 2012, revealed a Brief Interview for Mental Status (BIMS) assessment, with a score

F 000

This Plan of Correction affirms our allegation of compliance for the deficiencies cited, however, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction has been respectfully developed and submitted as required for compliance with federal and state regulations.

F 309

On April 17, 2012 Resident #3's appointment with the podiatrist was rescheduled and transportation arranged. The appointment was placed on the calendar for April 19th, 2012 along with the transporting company. No new orders or follow up appointment were needed after April 19th 2012.

An audit was conducted on 5/1/12 of 15 new admission charts for any missed appointments. No new appointments have been missed as a result of the audit.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Judy White</i> | TITLE <i>Administrator</i> | (X6) DATE <i>5/24/12</i> |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 309 | Continued From page 1 of five out of fifteen. A score of three revealed the Resident's cognition was severely impaired. Medical record review of a Physician's Telephone Order (TO) dated December 12, 2011, revealed orders for a follow-up appointment with the Nurse Practitioner (NP) at a local cardiology center scheduled for December 27, 2011. Continued review revealed no documentation of the resident attending the appointment on December 27, 2011. Medical record review of a Physician's TO dated March 8, 2012, revealed orders for a follow-up appointment with a local vascular surgery clinic scheduled in three and one-half weeks. Review of the West Hall Calendar revealed the follow-up appointment with the vascular surgery clinic, scheduled for April 9, 2012, was on the calendar. Continued review revealed no documentation of the resident attending the appointment on April 9, 2012. Medical record review of the Nurse's Notes revealed an ulcer to the right second toe, measured as 0.5 centimeters (cms) in length, by 0.5 cms in width, dated April 5, 2012; continued review revealed the wound progressed weekly and was documented as "closed" on April 19, 2012. Interview with the Director of Nursing (DON), on April 24, 2012, at 1:00 p.m., in the DON's Office, confirmed the facility did not have a "written or formal" protocol or policy and procedure for scheduling resident appointments, for following-up on outside appointments or consults | F 309 | On 5/1/12 an in-service to the licensed nursing staff was conducted by the DON with a focus on scheduling of resident appointments. When orders are received for appointments, the licensed nurse will enter the appointment in the electronic charting system. The nurse will then place the appointment time and place on the calendar kept at the nursing stations. Transportation arrangements will also be made at that time and placed on the calendar as well. The Unit Manager or designee will check the calendar prior to the clinical meeting and the information will be discussed in that clinical meeting. Monitoring will be completed in the clinical meeting per the DON or designee for 4 weeks. The Unit Manager or designee will do random audits of at least 10 resident charts for one week, five resident charts for 3 weeks, then random audits of at least 5 charts every month until compliance is determined by the Quality Assurance committee. | | |

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| F 309 | <p>Continued From page 2 for recommendations and/or future appointments.</p> <p>Interview with a staff member at the vascular surgery clinic on April 25, 2012, at 10:30 a.m., by telephone, confirmed the resident missed a follow-up appointment scheduled for April 9, 2012.</p> <p>Interview with the DON on April 25, 2012 at 12:15 p.m., in the Conference Room, confirmed the facility failed to get the resident to the scheduled appointments on December 12, 2011 and April 9, 2012. When asked if there were any other appointments missed, the DON stated, "I'm not sure...I've looked at (Resident's) chart, but can't tell for sure...I have a call in to (local podiatry clinic) to see if there are any other missed appointments."</p> <p>Interview with the Practice Manager on April 25, 2012, at 2:30 p.m., in the podiatry clinic and the Nurse's Station, confirmed the resident missed a follow-up appointment scheduled for April 17, 2012.</p> <p>Interview with the DON on April 25, 2012, at 3:15 p.m., in the Conference Room, in the presence of the Administrator, confirmed "...We have agency nurses...when a resident returns from an outside appointment, Emergency Medical Services (EMS) will usually lay the paperwork from the appointment on the nurse's desk (at the nurse's station)...the agency nurses are not going to pick those papers up and follow-up on them...that's how the April 17, 2012, appointment got missed..." Continued interview confirmed the facility failed to ensure the resident attended the outside appointments, as scheduled on</p> | F 309 | <p>Results of the monitoring will be discussed in the clinical meetings and information aggregated to define any trends and presented in the Quality Assurance meeting for continued monitoring and improvements.</p> | 6/10/12 | |

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| F 309 | Continued From page 3 December 12, 201, April 9, 2012, and April 17, 2012. | F 309 | | | |